

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN670CAH	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2010
NAME OF PROVIDER OR SUPPLIER WILLIAM BEE RIRIE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 AVENUE H ELY, NV 89301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 23119 This Statement of Deficiencies was generated as a result of an off site complaint investigation conducted on 12/23/09 and finalized on 1/8/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00021993 was partially substantiated with a deficiency cited. (See Tag S542)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 542 SS=D	<p>NAC 449.385 Surgical Services</p> <p>8. Except in emergency cases, an informed consent form properly executed by a patient for the surgery must be placed in his chart before the surgery is performed. This Regulation is not met as evidenced by: Surveyor: 23119 Based on record review and interview the facility failed to ensure consent for a medical student to</p>	S 542		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 542	Continued From page 1 participate in the patient's care was obtained prior to surgery on 7/1/08 for 1 patient (#1). Severity: 2 Scope: 1	S 542			

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